| | | | | | 1. REQUISITION NUMBER A21625134 | | | PAGES 1 OF (1) PAGE(S) | |
|---|---|---|---|--------|--|--|---------------------------------|--|--|
| 2 CONTRA GS00T07NS | | 3. AWARD/EFFECTIVE DATE 08/07/2019 | 4 ORDER NUMBER 47QFDA19F0021 | 5, SOL | ICITATION NU | MBER | | 6 SOLICITATION ISSUE DATE | |
| 7 FOR SOLICITATION INFORMATION CALL | | | b. TELEPHONE NUM | | IBER (No Collect Calls) | | 8 OFFER DUE DATE/ LOCAL TIME | | |
| 9 ISSUED BY GSA Region 11 Erin W Greninger 301 7TH ST SW WASHINGTON, DC 20024-0001 United States (256) 348-3177 | | | 10 THIS ACQUISITION IS UNRESTRICTED SET ASIDE % FOR SMALL BUSINESS HUBZONE SMALL BUSINES 6(A) NAICS SIC SIZE STANDARD | | 11. DELIVERY FOR F DESTINATION UNLE BLOCK IS MARKED Destination | | LESS D | 12. DISCOUNT TERMS NET 30 DAYS / 0.00 % 0 DAYS / 0.00 % 0 DAYS | |
| | | | | | IESS | 13a. THIS CONTRACT IS A JNDER DPAS (15 CFR 700) | | A RATED ORDER | |
| | | | | | 13b RATING 14 METHOD OF SOLICITAT | | SOLICITATION | ION | |
| 15 DELIVER TO Christopher L Pruitt 451 7th Street SW Washington, DC 20410 United States 202-402-8322 | | | 16 ADMINISTERED BY Erin W Greninger (256) 348-3177 | | | | | | |
| 176 CONTRACTOR/ OFFEROR (b) (6) | | | 18a PAYMENT WILL BE MADE BY | | | | | | |
| AT&T CORP. 3033 Chain Bridge Road Oakton, VA 22124-2542 United States 571-354-4096 | | | General Services Administration (FUND) The contractor shall follow these Invoice Submission Instructions. The contractor shall submit invoices electronically by logging into the ASSIST portal (https://portal.fas.gsa.gov), navigating to the appropriate order, and creating the invoice for that order. For additional assistance contact the ASSIST Helpdesk at 877-472-4877. Do NOT submit any invoices directly to the GSA Finance Center (neither by mail nor via electronic submission). | | | | | | |
| | | RÉMITTANCE IS IT SUCH ADDRESS | 18b. SUBMIT INVOICES CHECKED | S TO A | ODRESS SHOV | WN IN BLOCK 18a | UNLESS BLO | CK BELOW IS | |
| 19. ITEM NO | sc | _ | 0. PPLIES/SERVICES | S | 21. QUANTIT | 22. Y UNIT | 23. UNIT PRICE | 24. AMOUNT | |
| ITEM NO. | TASK ITEM DESCRIPTION | | | | PREVIOUS MOD AMT | MOD CHAN | GE NEW MOD | | |
| 0001 | Base Period- Goal 1: Proactive Audit Remediation & Management | | | | (b) (4) | | | | |
| | Base Period- Goal 2: Cyber Governance and Risk Management System | | | | | | | | |
| 0003 | Base Period- Goal 3: Security Operations Center (SOC) Deployment Plan & Operating Model | | | | | | | | |
| 0004 Base Period- Goal 4: Cyber Strate | | | gy and Innovation | | | | | | |
| 0005 | Base Period- Goal 5: Continuous Monitoring | | | | | | | | |
| 0006 | Base Perio | od- Goal 6: Independen | t Verification and Validation | n | | | | | |
| 25. ACCOUNTING AND APPROPRIATION DATA 285F.Q11FA000.AA20.25.AF151.H08 | | | | | | 26. TOTAL AWARD \$31,565,000.09 | AMOUNT (F | or Govt Use Only) | |
| 27b C | ONTRAC | T/PURCHASE ORDER | BY REFERENCE FAR S | | | | | | |
| DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. ON SC CHAN | | | | | LICITATION (B GES WHICH AF | TRACT: REFERENC LOCK 5) INCLUDIN RE SET FORTH HE | IG ANY ADDI | | |
| ITEMS SET ON ANY AD | FORTH (| OR OTHERWISE IDEN | SH AND DELIVER ALL ITIFIED ABOVE AND TO THE TERMS AND | ITEMS | | | | | |
| 30a SIGNA OFFEROR/0 | TURE OF | 41.1 (0) | 31a UNITED STATES C | OF AME | RICA (SIGNATU | IRE OF CONTRACTI | NG OFFICER) | | |
| 30b. NAME AND TITLE OF SIGNED 08/07/19 08/07/19 31b. NAME OF CONTRACTING OF Erin W Greninger (256) 348-3177 | | | | | OFFICER (Ty) | oe or print) | | 31c DATE SIGNED | |
| | | r Longracis | | | _ | | | | |

| 32a. QUANTITY IN BEEN | COLUMN 21 HAS | 32b SIGNATURE OF AUTHORIZED GOVT. | 32c. DATE | | | |
|--|-----------------------|--|---|--|--|--|
| 32d PRINTED NAM AUTHORIZED GOV REPRESENTATIVE | ERNMENT | 32F TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | |
| 32e. MAILING ADDI AUTHORIZED GOV REPRESENTATIVE | ERNMENT | 32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | |
| 33 SHIP NUMBER | 34. VOUCHER NUMBER | 35 AMOUNT VERIFIED CORRECT FOR | 36 PAYMENT | | | |
| 37. CHECK NUMBE | R | 38. S/R ACCOUNT NUMBER | ACCOUNT NUMBER 39. S/R VOUCHER NUMBER | | | |
| 41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT | | 42a. RECEIVED BY (Print) | | | | |
| 41b. SIGNATURE AND TITLE OF CERTIFYING | 41c. DATE | 42b RECEIVED AT (Location) | | | | |
| OFFICER GSA Finance Customer Support 816-926-7287 | | 42c. DATE REC'D (YY/MM/DD) | 42d TOTAL CONTAINERS | | | |
| AUTHORIZED FOR REPRODUCTION | LOCAL | SEE REVERSE SIDE FOR OMB CONTROL NUMBER AND PAPERWORK BURDEN STATEMENT | TANDARD FORM 1449 (REV 4-2002 - FAR (48 CFR) 53 21: | | | |